U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD <u>10.518.522</u> Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED FOR NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE N/A N/A N/A N/A (37 CFR 1.16(a), (b), or (c)) SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS х (37 CFR 1.16(i)) minus 20 = OR INDEPENDENT CLAIMS minus 3 = х х (37 CFR 1.16(h)) If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) N/A N/A * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART !! OTHER THAN 2.16.07 OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADDI-AFTER PREVIOUSLY EXTRA TIONAL TIONAL EN AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(i)) Minus 20 3 ENDMI OR Minus Х OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) N/A OR N/A TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) ADDI-ADDI-Ω **EXTRA AFTER PREVIOUSLY** TIONAL TIONAL ENDMENT PAID FOR AMENDMENT FEE (\$) FEE (\$) Total (37 CFR 1.16(i)) Minus OR Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) N/A OR N/A TOTAL TOTAL OR ADD'L FEE ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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